



19 Howard St, Perth, WA 6000

AUS (08) 9420 7900
 INT +61 8 9420 7900
 W edgeunderwriting.com.au
 E info@edgeunderwriting.com.au

Liability Claim Form

What to do

- 1 Please download this fillable PDF to your computer
- 2 Complete all sections (online) of this form (state N/A if not applicable).
- 3 Sign, save and email to your broker

General

Broker		Policy Number	
Insured Name			
Postal Address			
Telephone (mobile)		Email	
ABN		Registered for GST	Yes <input type="checkbox"/> No <input type="checkbox"/> Input %

Details of Third Party

Name			
Postal Address			
Home Address			
Telephone (mobile)		Email	

Details of Incident

Date		Time	
Date Reported to You		Time Reported	
Location			
Who reported the Incident?			
Describe how the incident occurred			
Has any party admitted responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/> Do not admit liability without instruction from the Insurer		

Cause

What was the cause of the incident?	The Action of any Individuals
	Property
	Plant or Equipment
	Motor Vehicle
	Animal
1. Action of any Individuals	Please provide;
	Name:
	Address:
	Relationship to You:

2. Property	Description of Property Damage:
	Nature & Extent of Damage:
	Do you own the property? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please advise owner:
	Do you occupy the property? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please advise tenant:
	What type of property caused the accident?
	Did the property contain any defect? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe:
3. Plant or Equipment	Describe the plant or equipment and its uses :
4. Motor Vehicle	Type of Vehicle:
	Registration Number:
	Drivers Name:
	Drivers Address:
	Owners Name:
	Owners Address:
5. Animal	Type of Animal:
	Do you own the animal? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Please describe how the animal escaped and caused the injury:

Attendance | Treatment at the Scene

Was Treatment given at the scene? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", by whom?
Describe extent of any injuries:	
Was Ambulance, Fire or Police called If so, please advise Station & Officer in attendance:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were any charges laid or charges pending in respect to this incident? Is so, please advise details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Insurance

Are you claiming insurance or compensation from any other insurance company? e.g. Workers Compensation, Traffic Accident Commission, CTP? Yes No

If "yes", Provide Details:

Name of Insurer, Claim Number & Telephone number

Type of cover:

Declaration

I **DECLARE THAT,**

- I will use my best endeavors and render all reasonable assistance and co-operation to Edge Underwriting Pty Ltd or others appointed in the assessment of my claim;
- the information supplied by me is true and correct and that I have not withheld any information likely to affect the acceptance of the claim;
- I understand that the claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts;
- I understand that by investigating my claim or by accepting proofs of my claim, Edge has made no acceptance of liability, nor waived any of its rights in defense of any claim arising under the policy.

I hereby appoint the Insurer(s) to do everything necessary or expedient to:

- give effect to the transactions contemplated by the authorisations described; and
- execute and deliver any other documents or do any other acts referred to in the transactions described.

I hereby authorise any person, corporation, institution, private or government organisation, whether named by me or not, to provide such information as requested for the assessment of initial or ongoing benefits for my claim including, without limitation:

- all medical, surgical or other information concerning myself, my medical history, any treatment received by me and any medication taken or prescribed for me (at any time);
- my Health Insurance claims history, including Medicare;
- any information in relation to my assets, liabilities, earnings, salary or wages (at any time);
- any information from third persons who may have information relevant to my eligibility to receive a benefit, or my entitlement to receive an ongoing benefit.

Your Full Name:

Your Position:

Signed & Dated:

Click on the "x" below

What to do

- 1 Please download this fillable PDF to your computer
- 2 Complete all sections (online) of this form (state N/A if not applicable).
- 3 Sign, save and email to your broker